

# Application For Occupancy

**Bella Vista**  
 2501 Anken Drive  
 Austin, TX 78741  
 Ph: 512-447-7244  
 TTY: 800-735-2929  
 BellaVista@Related.com

|  |
|--|
| For Related Management Company<br>Office Use Only: |
| Date Received: _____                               |
| Time Received: _____                               |
| Application #: _____                               |

Bella Vista is a Smoke-Free Community

**This application is to be completed by the head of household. All questions must be answered. If any questions are left blank, the application will be returned. If a question does not apply, please write "N/A." Head of household and all adult family members must sign the last page.**

|   |  |                |
|---|--|----------------|
| Head of Household Full Name:  |  |                |
| Street Address/Apartment Number:  | City, State:   | Zip Code:      |
| Home Phone:<br>( ) -  | Secondary Phone:<br>( ) -  | Email Address: |
| Check which size units you would like to be considered for (contact management for unit sizes specific to the property you are applying):<br><br><input type="checkbox"/> 0BD <input type="checkbox"/> 1BD <input type="checkbox"/> 2BD <input type="checkbox"/> 3BD <input type="checkbox"/> 4BD   | Do you require a unit with special accessibility features for any member of your household for the following disabilities?<br><br><input type="checkbox"/> Mobility <input type="checkbox"/> Visual <input type="checkbox"/> Hearing |                |
| Check "Yes" if you have been displaced by one of the following state declared disasters: a) Urban Renewal Area; b) Disaster such as fire or flood; c) Government or state action; or d) Presidential-declared disaster:<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |  |                |
| If you are applying for a HUD Elderly/Disabled Property, please answer the following questions:<br>Does the Head of Household meet one of these qualifications?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, which one? <input type="checkbox"/> 62 or older <input type="checkbox"/> Individual with a disability   |  |                |
| Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Important Information for Former Military Services Members. Women and men who served in any branch of the United States Armed Forces, including Army, Navy, Marines, Coast Guard, Reserves or National Guard, may be eligible for additional benefits and services. For more information please visit the Texas Veterans Portal at <a href="https://veterans.portal.texas.gov/">https://veterans.portal.texas.gov/</a> |  |                |

## Housing Status

Complete each category as applicable, or write "N/A."

|  |   |  |
|--|---|--|
| Current Landlord Name/Address:   |   | Landlord Phone:<br>( ) -   |
| Current Managing Agent Name/Address:   |   | Managing Agent Phone:<br>( ) -   |
| Check the size of your current residence:<br><input type="checkbox"/> Studio <input type="checkbox"/> Three Bedrooms<br><input type="checkbox"/> One Bedroom <input type="checkbox"/> Four Bedrooms<br><input type="checkbox"/> Two Bedrooms <input type="checkbox"/> Other (specify): | How long have you lived at this address?<br>___ Years   ___ Months  | Is the lease in your name?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Are you sharing your apartment?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | Total monthly rent for your apartment:<br>\$  | Your portion of monthly rent:<br>\$  |
| Does your current rent include utilities?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | Average monthly utility expenses:<br>\$   | Is your landlord a relative?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you pay your own rent?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | If not, who does?   | Reason for wanting to move:  |
| Do you currently have a portable Section 8 voucher?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | Is your current rent subsidized through Section 8?<br><input type="checkbox"/> Yes <input type="checkbox"/> No      |  |
| Are you currently without a regular nighttime residence?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | Are you relocating due to violent or unsafe conditions?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Previous Landlord Name/Address:<br><b>(list only if you have lived at your current address for less than 2 years)</b>  |   | Previous Landlord Phone:<br>( ) -  |
| Previous Managing Agent Name/Address:  |   | Previous Managing Agent Phone:<br>( ) -  |
| Previous monthly rent:<br>\$   | Reason for moving:  |  |

Please list **all states** in which you and all members of your household have previously resided:

## Household Information

List all persons who will occupy the apartment, including yourself and persons anticipated to join the household (e.g., unborn child/children of expectant household members, children to be adopted, live-in aides, etc.).

| Household Member Full Name: | Relationship to Head of Household: | Sex: (Male, Female, or Decline to Answer) | Date of Birth: | *SSN: |
|-----------------------------|------------------------------------|---|----------------|-------|
| 1.                          | Head of Household                  |   |                |       |
| 2.                          |                                    |   |                |       |
| 3.                          |                                    |   |                |       |
| 4.                          |                                    |   |                |       |
| 5.                          |                                    |   |                |       |
| 6.                          |                                    |   |                |       |
| 7.                          |                                    |   |                |       |

Please list all household members who have served in the **U.S. military**:

\*SSN not required if household member does not contend eligible immigration status

## Income from Employment

List all **current** full-time and/or part-time employment income for all household members. (Include self-employment gross earnings and net taxable income.) If you do not currently receive income from employment, please write "N/A." See next page for non-employment sources of income.

| Household Member Full Name: | Occupation: | Employer Name/Address/Phone: | Start Date: | Gross Earnings (Before Deductions and Taxes):  |
|-----------------------------|-------------|------------------------------|-------------|--|
| 1                           |             | _____<br>_____<br>( ) -      |             | \$ _____<br><input type="checkbox"/> Weekly<br><input type="checkbox"/> Monthly<br><input type="checkbox"/> Yearly |
| 2.                          |             | _____<br>_____<br>( ) -      |             | \$ _____<br><input type="checkbox"/> Weekly<br><input type="checkbox"/> Monthly<br><input type="checkbox"/> Yearly |
| 3.                          |             | _____<br>_____<br>( ) -      |             | \$ _____<br><input type="checkbox"/> Weekly<br><input type="checkbox"/> Monthly<br><input type="checkbox"/> Yearly |
| 4.                          |             | _____<br>_____<br>( ) -      |             | \$ _____<br><input type="checkbox"/> Weekly<br><input type="checkbox"/> Monthly<br><input type="checkbox"/> Yearly |
| 5.                          |             | _____<br>_____<br>( ) -      |             | \$ _____<br><input type="checkbox"/> Weekly<br><input type="checkbox"/> Monthly<br><input type="checkbox"/> Yearly |
| 6.                          |             | _____<br>_____<br>( ) -      |             | \$ _____<br><input type="checkbox"/> Weekly<br><input type="checkbox"/> Monthly<br><input type="checkbox"/> Yearly |
| 7.                          |             | _____<br>_____<br>( ) -      |             | \$ _____<br><input type="checkbox"/> Weekly<br><input type="checkbox"/> Monthly<br><input type="checkbox"/> Yearly |

# Income from Other Sources

List any and all other income sources not previously reported, including but not limited to: Social Security, S.S.I., AFDC/TANF, pension, disability compensation, Armed Forces regular and special pay, unemployment compensation, alimony, child support, annuities, dividends, income from rental property, recurring monetary contributions, etc. If you do not have any sources of additional income, please write "N/A."

| Household Member Full Name: | Type of Income: | Income Amount:  |
|-----------------------------|-----------------|---|
| 1.                          |                 | \$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly |
| 2.                          |                 | \$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly |
| 3.                          |                 | \$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly |
| 4.                          |                 | \$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly |
| 5.                          |                 | \$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly |
| 6.                          |                 | \$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly |
| 7.                          |                 | \$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly |

# Assets

Complete each category as applicable, or write "N/A."

|  |  |   |
|--|--|---|
| <b>Checking Account</b>  | Last 4 Digits of Account Number:   | Current Balance as of Last Statement Date:<br>\$ _____ as of ____ / ____ / ____ |
| Name/Address of Bank _____   |  |   |
| <b>Additional Checking Account</b>   | Last 4 Digits of Account Number:   | Current Balance as of Last Statement Date<br>\$ _____ as of ____ / ____ / ____  |
| Name/Address of Bank _____   |  |   |
| <b>Savings Account</b>   | Last 4 Digits of Account Number:   | Current Balance as of Last Statement Date<br>\$ _____ as of ____ / ____ / ____  |
| Name/Address of Bank _____   |  |   |
| <b>Money Market Account</b>  | Last 4 Digits of Account Number:   | Current Balance as of Last Statement Date<br>\$ _____ as of ____ / ____ / ____  |
| Name/Address of Bank _____   |  |   |
| <b>Certificate of Deposit Account</b>  | Last 4 Digits of Account Number:   | Current Balance as of Last Statement Date<br>\$ _____ as of ____ / ____ / ____  |
| Name/Address of Bank _____   |  |   |
| <b>401K/Other Retirement Account</b>   | Last 4 Digits of Account Number:   | Current Balance as of Last Statement Date<br>\$ _____ as of ____ / ____ / ____  |
| Name/Address of Bank _____   |  |   |
| Do you receive income in the form of a <b>pre-paid debit card</b> (e.g. Direct Express, EBT, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  | Current Balance as of Last Statement Date<br>\$ _____ as of ____ / ____ / ____  |
| Do you own any <b>stocks/bonds</b> ?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | If yes, what is the current value?<br>\$ _____   |   |
| Do you own any <b>savings bonds</b> ?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | If yes, what is the current value?<br>\$ _____   |   |
| Do you own any <b>real estate</b> ?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | If yes, what is the current value?<br>\$ _____   |   |
| Have you ever owned any real estate?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | If yes, when? _____<br>When was it sold? _____<br>For how much? \$ _____   |   |
| Has any adult family member sold, given away, or otherwise disposed of any assets for less than fair market value during the past two years?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, list each asset and the amount received for each asset:<br>Type of Asset _____ Amount \$ _____<br>Type of Asset _____ Amount \$ _____<br>Type of Asset _____ Amount \$ _____ |   |

# Student Status

List all household members that are currently enrolled in an educational program, or write "N/A."

| Full Name of Student: | School Name/Address/Phone: | Enrollment Status:   |
|-----------------------|----------------------------|--|
| 1.                    | _____<br>_____<br>( ) -    | <input type="checkbox"/> Full-Time<br><input type="checkbox"/> Part-Time |
| 2.                    | _____<br>_____<br>( ) -    | <input type="checkbox"/> Full-Time<br><input type="checkbox"/> Part-Time |
| 3.                    | _____<br>_____<br>( ) -    | <input type="checkbox"/> Full-Time<br><input type="checkbox"/> Part-Time |
| 4.                    | _____<br>_____<br>( ) -    | <input type="checkbox"/> Full-Time<br><input type="checkbox"/> Part-Time |
| 5.                    | _____<br>_____<br>( ) -    | <input type="checkbox"/> Full-Time<br><input type="checkbox"/> Part-Time |
| 6.                    | _____<br>_____<br>( ) -    | <input type="checkbox"/> Full-Time<br><input type="checkbox"/> Part-Time |
| 7.                    | _____<br>_____<br>( ) -    | <input type="checkbox"/> Full-Time<br><input type="checkbox"/> Part-Time |

# Child Care and Medical Expenses

Complete each question as applicable, or write "N/A."

|   |   |  |
|---|---|--|
| Do you pay for child care expenses for any household member under the age of 13?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>Names of children requiring child care:   | If yes, name/address/phone of child care provider:<br>_____<br>_____<br>( ) - | Estimate of monthly child care costs:<br><br>\$        |
| If you are 62 or older or disabled, do you anticipate any medical and/or health related expenses for the next 12 months that are not reimbursed by any medical plan/insurance?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | If yes, please indicate the estimated yearly expense amount:<br>\$            | Amount of monthly Medicare premium:<br>\$              |
|   |   | Amount of other medical insurance monthly costs:<br>\$ |

# Program Information

Complete each category as applicable, or write "N/A."

|  |  |  |
|--|--|--|
| Do you presently reside in a development where your rent is based upon your income?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | If yes, explain:                         |  |
| How did you hear about our development?  | Why are you applying to our development? |  |
| Were you or any member of your household ever convicted of a felony?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | If yes, when?                            |  |
| Explain circumstances briefly:   |  |  |
| Have you or any member of your household ever been evicted?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | If yes, when?                            |  |
| If yes, was the eviction from federally assisted housing for drug-related criminal activity?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |
| Explain circumstances briefly:   |  |  |
| Has anyone in your household been convicted of violating any drug-related laws?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | If yes, when?                            |  |
| Explain circumstances briefly:   |  |  |
| Is anyone in your household currently engaged in the use of illegal drugs?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |
| Explain circumstances briefly:   |  |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |
| Explain circumstances briefly:   |  |  |
| Certain federal affordable housing programs prohibit individuals who are listed on a lifetime sex offender registry from being eligible for tenancy. Is any member of your household subject to a state sex offender lifetime registration requirement in any State?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |

You have certain rights under federal, state, and local laws with respect to your consumer report. In evaluating your application, a consumer reporting agency listed below may provide us with information.

Credit Bureaus:

- Experian (TRW), Attn: NCAC, P.O. Box 2002, Allen, TX 75013 (888) 397-3742
- TransUnion, Consumer disclosure center, 2 Baldwin Place, P.O. Box 1000, Chester, PA 19022 (800) 888-4213
- Equifax (CBI), PO Box 740241, Atlanta, GA 30374 (800) 685-1111

Civil Records:

- First American Registry, Inc., Attn: Consumer Relations, 11140 Rockville Pike, PMB 1200, Rockville, MD 20852 (888) 333-2413

Additionally, you have a right to (1) inspect and receive one free copy of such report by contacting the consumer reporting agencies listed above; (2) obtain a free copy of the report from each national consumer reporting agency annually, and/or a report from [www.annualcreditreport.com](http://www.annualcreditreport.com); and (3) dispute any inaccurate information in the report with the consumer reporting agency.

Under the Fair Credit Reporting Act, you have a right to request disclosure of the nature and scope of the investigation. You must be told if information in your file has been used against you. You have a right to know what is in your file, and this disclosure may be free. You have the right to ask for your credit score (there may be a fee for this service). You have the right to dispute incomplete or inaccurate information. Consumer reporting agencies must correct inaccurate, incomplete, or unverifiable information.

By signing, you authorize us to contact any references listed and to obtain consumer reports, which may include rental payment history and criminal background information about you and any occupants in the premises in order to verify the above information.

Signature of Head of Household

Date

I authorize you to obtain reports that may include credit reports, investigative consumer reports, unlawful detainer (eviction) reports, bad check searches, social security number verification, and previous tenant and employment history.

In connection with the application to rent the property located at Bella Vista, ("**Applicant**") hereby authorizes the property owner (either directly or through its designated agents and its employees) to investigate Applicant's employment, financial, credit, criminal, litigation and rental history and to obtain reports that may include credit reports, investigative consumer reports, criminal record information, unlawful detainer (eviction) reports, employment history, bad check searches, social security number verification, and previous tenant and employment history.

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**Signature of Head of Household** **Date**

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**Signature of Applicant Over Age 18** **Date**

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**Signature of Applicant Over Age 18** **Date**

**WARNING: MISLEADING WILLFULL FALSE STATEMENTS OR MISRPRESENTATIONS OF THIS APPLICATION WILL BE GROUNDS FOR REJECTION OF THIS APPLICATION. AN INCOMPLETE APPLICATION WILL BE RETURNED TO THE APPLICANT FOR FULL COMPLETION (ONLY ONCE).**

**I DECLARE THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE**

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**Signature of Head of Household** **Date**

---

**Signature of Applicant Over Age 18** **Date**

---

**Signature of Applicant Over Age 18** **Date**

# Demographic Data

The following information is used only to determine program utilization for statistical purposes. This information will not affect the processing of this application and is optional.

## Attention

Please do not submit more than one application per household or copies of an application. The filing of this application in no way guarantees you an apartment. No large appliances, or waterbeds are permitted without the owner's prior written approval and signed agreement. We do not insure your personal property; we encourage you to purchase renter's insurance for your personal belongings.

|   |
|---|
| <b>Ethnicity:</b><br><input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino  |
| <b>Race:</b><br><input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander<br><input type="checkbox"/> White |
| <b>If you are Limited English Proficient and need assistance to communicate (written or verbal) with us, which language do you prefer?</b> _____  |

**Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the \*\*Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).**

Bella Vista is an Equal Housing Opportunity provider and does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its federally assisted programs and activities. A senior executive has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988). You may address your request for review or reconsideration to: Fair Housing Officer, Related Management Company, L.P., 423 W. 55th St, 9th Fl. NY, NY 10019, (646) 767-3253, NY TTY 1-800-662-1220. Application revised 2.10.2020 TX\_CO



**Bella Vista**

**Notice of Occupancy Rights under the Violence Against Women Act<sup>1</sup>**

**To all Tenants and Applicants**

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.<sup>2</sup> The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that **Multi Family Section 8 Program/Housing Tax Credit** is in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA.”

**Protections for Applicants**

If you otherwise qualify for assistance under **Multi Family Section 8 Program/Housing Tax Credit** you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

**Protections for Tenants**

If you are receiving assistance under **Multi Family Section 8 Program/Housing Tax Credit**, you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under **Multi Family Section 8 Program/Housing Tax Credit** solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

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<sup>1</sup> The notice uses Bella Vista for housing provider but the housing provider should insert its name where Bella Vista is used. HUD’s program-specific regulations identify the individual or entity responsible for providing the notice of occupancy rights.

<sup>2</sup> Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation.

<sup>3</sup>Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.



Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

### **Removing the Abuser or Perpetrator from the Household**

Bella Vista may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

If Bella Vista chooses to remove the abuser or perpetrator, Bella Vista may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, Bella Vista must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

In removing the abuser or perpetrator from the household, Bella Vista must follow Federal, State, and local eviction procedures. In order to divide a lease, Bella Vista may, but is not required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

### **Moving to Another Unit**

Upon your request, Bella Vista may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, Bella Vista may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

**(1) You are a victim of domestic violence, dating violence, sexual assault, or stalking.** If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.

**(2) You expressly request the emergency transfer.** Your housing provider may choose to require that you submit a form, or may accept another written or oral request.

**(3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit.** This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

**OR**

**You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer.** If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

Bella Vista will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families.

Bella Vista's emergency transfer plan provides further information on emergency transfers, and PLEASANT HILL must make a copy of its emergency transfer plan available to you if you ask to see it.

**Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking**

Bella Vista can, but is not required to, ask you to provide documentation to "certify" that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from Bella Vista must be in writing, and Bella Vista must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to provide the documentation. Bella Vista may, but does not have to, extend the deadline for the submission of documentation upon your request. You can provide one of the following to Bella Vista as documentation. It is your choice which of the following to submit if Bella Vista asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- A complete HUD-approved certification form given to you by Bella Vista with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.

- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, “professional”) from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
- Any other statement or evidence that Bella Vista has agreed to accept.

If you fail or refuse to provide one of these documents within the 14 business days, Bella Vista does not have to provide you with the protections contained in this notice.

If Bella Vista receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), Bella Vista has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, Bella Vista does not have to provide you with the protections contained in this notice.

### **Confidentiality**

Bella Vista must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.

Bella Vista must not allow any individual administering assistance or other services on behalf of Bella Vista (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

Bella Vista must not enter your information into any shared database or disclose your information to any other entity or individual. Bella Vista, however, may disclose the information provided if:

- You give written permission to Bella Vista to release the information on a time limited basis.
- Bella Vista needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- A law requires Bella Vista or your landlord to release the information.

VAWA does not limit Bella Vista's duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

### **Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be Terminated**

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, Bella Vista cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking.

The protections described in this notice might not apply, and you could be evicted and your assistance terminated, if Bella Vista can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

- 1) Would occur within an immediate time frame, and
- 2) Could result in death or serious bodily harm to other tenants or those who work on the property.

If Bella Vista can demonstrate the above, Bella Vista should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

### **Other Laws**

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

### **Non-Compliance with The Requirements of This Notice**

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with

Texas- **Southwest Housing Compliance Corporation 1-888-842-4484 or 1-800-735-2988 TTY.**

Colorado- **Colorado Housing and Finance Authority 303-297-7442 or 1-800-659-2656 TTY.**

**For Additional Information**

You may view a copy of HUD's final VAWA rule at <https://www.gpo.gov/fdsys/pkg/FR-2016-11-16/pdf/2016-25888>

Additionally, Bella Vista must make a copy of HUD's VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, please contact **Community Manager at (512 447-7244**

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY). You may also contact:

Arlington, TX

**Cross Timbers Family Services at (254 965-4357 or CTFShelp.org**

Austin, TX

**SafePlace - Travis County Domestic Violence and Sexual Assault Survival Center P.O. Box 19454 Austin, TX 78760 Office: (512 267-SAFE Hotline: (512 267-SAFE TTY: (512 927-9616 or Texas Council on Family Violence PO BOX 161810 Austin, Texas 78716 Office (512 794 -1133.**

Dallas, TX

**The Family Place 214-941-1991 or familyplace.org./ Genesis Women's Shelter 214-946-4357 or genesisshelter.org**

Fort Worth, TX

**Cross Timbers Family Services at (254 965-4357 or CTFShelp.org**

Houston, TX

**Aid to Victims of Domestic Abuse (AVDA 1001 Texas Ave, Ste 600 Houston, TX 77002 Office: (713 229-8453 or Family Services of Greater Houston 4625 Lillian St. Houston, TX 77007 Office: (713 861-4849.**

San Antonio, TX

**Family Violence Preventive Services, Inc. B.W. Shelter of Bexar County P.O. Box 27276 San Antonio, TX 78227 Office: (210 733-8810 Hotline: (210)733-8810 or Family Violence Prevention Services, Inc. 7911 Broadway San Antonio, TX 78209 Office: (210) 930-3669 Hotline: (210) 733-8810**

Stephenville, TX

**Cross Timbers Family Services at (254 965-4357 or CTFShelp.org**

Arvada, CO

**National Domestic Violence Crisis Hotline 1-800-799-7233**

Boulder, CO

**24 Hour Crisis & Information Hotline (303) 444-2424, Boulder Outreach Center (303) 449-8623 and Tri City Program (303) 673-9000.**

For tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

For help regarding sexual assault, you may contact:

Arlington, TX

**Eastland County Crisis Center, Inc. at 254-629-3223 or [eastlandcrisis.org](http://eastlandcrisis.org)**

Austin, TX

**Women's Advocacy Project, Inc PO Box 833 Austin, Texas 78767 Office (512)476-5377 ext 179 Hotline (512) 476-5386 or (800) 374-4673.**

Dallas, TX

**The Turning Point 1-800-866-7273 or [theturningpoint.org](http://theturningpoint.org)**

Fort Worth, TX

**Eastland County Crisis Center, Inc. at 254-629-3223 or [eastlandcrisis.org](http://eastlandcrisis.org)**

Houston, TX

**Houston Area Women's Center 1010 Waugh Drive Houston, TX 77019 Office: (713) 528-6798 Hotline: (713) 528-2121 or (800) 256-0551 TTY: (713) 528-3625 Rape Crisis Hotline: (713) 526- 7273.**

San Antonio, TX

**P.E.A.C.E. Initiative-Benedictine Resource Center 530 Bandera Road San Antonio, TX 78228 Office: (210) 735-4988**

Stephenville, TX

**Eastland County Crisis Center, Inc. at 254-629-3223 or [eastlandcrisis.org](http://eastlandcrisis.org)**

Arvada, CO

**Volunteers of America Bannock Shelter (303) 825-6025 and Triad Center (303) 831-2502**

Boulder, CO

**Colorado Coalition Against Sexual Assault (303) 672-5440.**

Victims of stalking seeking help may contact:

Arlington, TX

**Women's Center of Tarrant at (817) 927-4040 or womenscentertc.org**

Austin, TX

**SafePlace - Travis County Domestic Violence and Sexual Assault Survival Center P.O. Box 19454 Austin, TX 78760 Office:**

**(512) 267-SAFE Hotline: (512) 267-SAFE TTY: (512) 927-9616 Dallas, TX**

**Safe Horizon 1-866-6894357 or 1-800-621-4673 or safehorizon.org.**

Fort Worth, TX

**Women's Center of Tarrant at (817) 927-4040 or womenscentertc.org**

Houston, TX

**Houston Area Women's Center 1010 Waugh Drive Houston, TX 77019 Office: (713) 528-6798 Hotline: (713) 528-2121 or (800)**

**256-0551 TTY: (713) 528-3625 Rape Crisis Hotline: (713) 526-7273.**

San Antonio, TX

**P.E.A.C.E. Initiative-Benedictine Resource Center 530 Bandera Road San Antonio, TX 78228 Office: (210) 735-4988**

Stephenville, TX

**Women's Center of Tarrant at (817) 927-4040 or womenscentertc.org**

Arvada, CO

**Volunteers of America Bannock Shelter (303) 825-6025 and Triad Center (303) 831-2502**

Boulder, CO

**Victims of Crime (303) 866-2208**

**Attachment:** Certification form HUD-5382

**CERTIFICATION OF  
DOMESTIC VIOLENCE,  
DATING VIOLENCE,  
SEXUAL ASSAULT, OR STALKING,  
AND ALTERNATE DOCUMENTATION**

**U.S. Department of Housing  
and Urban Development**

OMB Approval No. 2577-0286  
Exp. 06/30/2017

**Purpose of Form:** The Violence Against Women Act (“VAWA”) protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

**Use of This Optional Form:** If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

- (1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, “professional”) from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of “domestic violence,” “dating violence,” “sexual assault,” or “stalking” in HUD’s regulations at 24 CFR 5.2003.
- (2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or
- (3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

**Submission of Documentation:** The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

**Confidentiality:** All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.



**TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING**

1. Date the written request is received by victim: \_\_\_\_\_

2. Name of victim: \_\_\_\_\_

3. Your name (if different from victim's): \_\_\_\_\_

4. Name(s) of other family member(s) listed on the lease: \_\_\_\_\_

\_\_\_\_\_

5. Residence of victim: \_\_\_\_\_

6. Name of the accused perpetrator (if known and can be safely disclosed): \_\_\_\_\_

\_\_\_\_\_

7. Relationship of the accused perpetrator to the victim: \_\_\_\_\_

8. Date(s) and times(s) of incident(s) (if known): \_\_\_\_\_

\_\_\_\_\_

10. Location of incident(s): \_\_\_\_\_

In your own words, briefly describe the incident(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature \_\_\_\_\_ Signed on (Date) \_\_\_\_\_

**Public Reporting Burden:** The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

|  |  |
|--|--|
| <b>Applicant Name:</b>   |  |
| <b>Mailing Address:</b>  |  |
| <b>Telephone No:</b>   | <b>Cell Phone No:</b>  |
| <b>Name of Additional Contact Person or Organization:</b>  |  |
| <b>Address:</b>  |  |
| <b>Telephone No:</b>   | <b>Cell Phone No:</b>  |
| <b>E-Mail Address (if applicable):</b>   |  |
| <b>Relationship to Applicant:</b>  |  |
| <b>Reason for Contact:</b> (Check all that apply)  |  |
| <input type="checkbox"/> Emergency   | <input type="checkbox"/> Assist with Recertification Process |
| <input type="checkbox"/> Unable to contact you   | <input type="checkbox"/> Change in lease terms               |
| <input type="checkbox"/> Termination of rental assistance  | <input type="checkbox"/> Change in house rules               |
| <input type="checkbox"/> Eviction from unit  | <input type="checkbox"/> Other: _____                        |
| <input type="checkbox"/> Late payment of rent  |  |
| <b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.   |  |
| <b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.  |  |
| <b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975. |  |

Check this box if you choose not to provide the contact information.

|                               |             |
|-------------------------------|-------------|
|                               |             |
| <b>Signature of Applicant</b> | <b>Date</b> |

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Form HUD- 92006 (05/09)